

Fill in this information to identify the case:Debtor name Inphastos @ Grand Rapids. LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 20-01897☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 26, 2020**X /s/ Brian Cloud**_____
Signature of individual signing on behalf of debtor**Brian Cloud**_____
Printed name**CEO/Manager**_____
Position or relationship to debtor

Fill in this information to identify the case:Debtor name Inphastos @ Grand Rapids. LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 20-01897☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ <u>8,215,261.01</u>
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ <u>8,215,261.01</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>60,000.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>151,084.09</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>6,298,802.61</u>
4. Total liabilities	
Lines 2 + 3a + 3b	\$ <u>6,509,886.70</u>

Fill in this information to identify the case:Debtor name Inphastos @ Grand Rapids. LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 20-01897☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

4. Other cash equivalents (Identify all)4.1. Cash Held in Dickinson Wright IOLTA Account - estimated at \$150,000.00\$150,000.00**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$150,000.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11b. Over 90 days old:

6,227,710.51

face amount

-

0.00

doubtful or uncollectible accounts

=...

\$6,227,710.51

Debtor Inphastos @ Grand Rapids. LLC
NameCase number (If known) 20-0189712. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$6,227,710.51**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Construction Materials	1/20/2020	\$0.00	Tax records	\$255,300.25

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$255,300.2524. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. **Office furniture**
Value based on book value from balance sheet
(See Attached Exhibit B) \$17,828.24 **Tax records** \$17,828.24

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
Value based on book value from balance sheet
(See Attached Exhibit C) \$20,153.27 **Tax records** \$20,153.27

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \$37,981.51
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers
 (i.e., VIN, HIN, or N-number)

**Net book value of
debtor's interest**
 (Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **2019 Ford F250 Pickup**
Name on Title: Inphastos Grand Rapids,
LLC
VIN #: 1FT7W2BT9KED46487
Insured thorough Progressive Insurance
through 07/24/20

\$0.00\$50,000.00

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- 47.2. The following vehicles are owned by Debtor, but were either stolen or lost (see Exhibit E to the Statement of Financial Affairs: Vehicles, Equipment, and Machinery reported as stolen):

2016 GMC Sierra Truck (VIN # XXXX7043)

2005 Chevy Truck ((VIN # XXXX9331)

2007 F150 Truck (VIN # XXXX2481)

2006 Chevy Express Van (VIN # XXXX5980)

2005 Chevy Express Van (VIN # XXXX5693)

2008 Chevy Silverado Truck (VIN # XXXX8776)

2007 Chevy Truck (VIN # XXXX0180)

2005 GMC Sierra Truck (VIN # XXXX6005)

2006 Chevy Silverado Truck (VIN # XXXX8520)

2008 GMC Sierra Truck (VIN # XXXX7083)

2001 Chevy Silverado Truck (VIN # XXXX8587)

2015 Chcery Silverado Truck (VIN # XXXX4330)

2010 Intnational Tractor (VIN # XXXX7125)

Unknown

Unknown

- 47.3. The following trailers are owned by Debtor, but were either stolen or lost (see Exhibit E to the Statement of Financial Affairs: Vehicles, Equipment, and Machinery reported as stolen):

1997 XL Specialize Trailer (VIN# XXXX1250)

1997 Timber Wolf Trailer (VIN# XXXX1514)

2017 Trailer Sale Trailer (VIN# XXXX982)

2017 Cargo Express Trailer (VIN# XXXX3908)

2017 Cargo Express Trailer (VIN# XXXX4600)

2017 Haulmark Trailer (VIN# XXXX8461)

2005 Transcraft Trailer (VIN# XXXX5575)

2006 Transcraft Trailer (VIN# XXXX9518)

2005 Transcraft Trailer (VIN# XXXX7335)

Unknown

Unknown

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Value based on book value from balance sheet (See Attached Exhibit D)

\$1,494,268.74

Tax records

\$1,494,268.74

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Add lines 47 through 50. Copy the total to line 87.

\$1,544,268.7452. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

**Current value of
debtor's interest**71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)****Claim Against Wood Builer's Home, Inc.: \$383,422.79****\$0.00**

Nature of claim

Amount requested

\$383,422.7975. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

Debtor Inphastos @ Grand Rapids. LLC
Name

Case number (If known) 20-01897

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Inphastos @ Grand Rapids. LLC**
NameCase number (If known) **20-01897****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$150,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$6,227,710.51	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$255,300.25	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$37,981.51	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$1,544,268.74	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$8,215,261.01	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$8,215,261.01

[illegible]

Total					
	\$0.00	\$0.00	\$0.00	\$0.00	\$6,227,710.51
					\$6,227,710.51

Exhibit B- Office Furniture

Category	Buisness	Date Acquired	Description	Book Cost
Office Computer & Equip	GR	8/1/2019	2 x 30 In Pedestal Shop Fan	\$317.98
Office Furniture & Fixtures	GR	8/1/2019	CE 42" BD Barrel Fan 10,000 C	\$359.34
Office Furniture & Fixtures	GR	8/7/2019	Used workstation-L shaped 6 x	\$9,624.92
Office Furniture & Fixtures	GR	8/20/2019	Used Areon Staff Chair W/ Arm	\$291.50
Office Furniture & Fixtures	GR	10/30/2019	(7) Workstations; (12) Office ch	\$7,234.50
TOTAL				\$17,828.24

Exhibit C- Office Computer Hardware

Category	Business	Date Acquired	Description	Book Cost
Office Computer & Equip	GR	8/1/2019	Progress Billing (1) Data Networking at GR Facility	\$8,972.25
			Laptop for GR Accounting; Monitors and Docking Station;	
			Spare Laptop for Inventory; 2x Dell 24in Monitors;	
			Laptop for New Designer - GR; Laptop for Safety New Hire	
			- GR; 2x Dell Computer Ultrashar 24in Monitors	
Office Computer & Equip	GR	8/31/2019		\$6,416.52
			Laptop for new designer GR; Laptop for GR Designer TBD;	
			Dell precision dual usb-c thunderbolt dock; 24 Port Network	
			Switch Network Cutover GR; Netgear 52-Port Gigabit Ethernet	
			Insight Managed Smart Cloud PoE Switch GR;	
			(2) HP Pavillion 32Q 32in Display Monitor;	
Office Computer & Equip	GR	10/1/2019		\$4,764.50
TOTAL				\$20,153.27

Exhibit D- Other Machinery, fixtures & Equipment

Category	Business	Date Acquired	Description	Book Cost
Manufacturing Equipment	GR	6/11/2019	Hot Shot Trailer Load - For Equipment Going to GR	\$3,800.00
Manufacturing Equipment	GR	6/30/2019	Wall & Truss MFG Equipment purchased from Perham Wall Truss Co and financed with TFG	\$923,020.00
Manufacturing Equipment	GR	7/24/2019	Wright 50099 5 CU Yd Yellow HD Self Dumping Forklift Hopper w/ Heavy Gauge Base	\$15,619.10
Manufacturing Equipment	GR	9/26/2019	Installed 2 air drops and dis start up on compressor and dryer	\$980.74
Manufacturing Equipment	GR	10/3/2019	Collector with connection cable	465.80
Manufacturing Equipment	GR	10/28/2019	MT20 Plates	4,489.82
Manufacturing Tools	GR	8/1/2019	Railroad ties to set lumber on	414.33
Manufacturing Tools	GR	8/23/2019	4x Fastenmaster Frametast Tool; 3x Fastenmaster Pamfast Autotfeed Screw System	3,114.92
Manufacturing Tools	GR	9/24/2019	Stationary Jaw, Cyl Guided GPC63, Blade installation kit	1,622.10
Manufacturing Tools	GR	10/1/2019	Tool for shop	47.69
Warehouse Tools	GR	9/19/2019	(10) Teeter Phonolic Carts	10,176.00
Fork Lifts	GR	7/24/2019	12' Jib Over Forks Made By Star	5,565.00
Fork Lifts	GR	9/4/2019	Fork	1,089.32
Fork Lifts	GR	10/1/2019	Bobcat 250 Kohler SN	5,364.61
Fork Lifts	GR	10/1/2019	Fork	1,105.66
Delivery Containers	GR	6/13/2019	4 - 20' Shipping Containers	7,200.00
Delivery Containers	GR	6/28/2019	2x4-16", 4x8-3/4,2x10-14",2x6x16,1-3/4"x9	10,525.75
Delivery Containers	GR	6/28/2019	2x4-16", 4x8-3/4,2x10-14",2x6x16,1-3/4"x9	10,525.75
Deliver Tools & Misc	GR	8/1/2019	Winches for 3 Semi Trailers	1,249.85
Deliver Tools & Misc	GR	8/1/2019	Fire Extinguishers for Semis	222.03
Deliver Tools & Misc	GR	8/12/2019	Digital Vinyl Wide Load Decal	102.78
Deliver Tools & Misc	GR	9/26/2019	Mini light bar and mount for truck	883.74
Cranes - All Sizes	GR	5/31/2019	Transfer Potain HDT80 Crane from Inphastos @ Grand Rapids	282,500.00
Cranes - All Sizes	GR	8/1/2019	Rigging for Crane	1,370.95
Fork Lifts	GR	8/14/2019	Moffett M5500BS	38,690.00
Framing & Construction T	GR	5/22/2019	Tools for Griffin Bldg A	288.03
Framing & Construction T	GR	5/22/2019	Tools for Griffin Bldg E	288.03
Framing & Construction T	GR	5/22/2019	Tools for Griffin Bldg A	1,458.66
Framing & Construction T	GR	5/23/2019	Tools for Griffin	3,982.70
Framing & Construction T	GR	6/1/2019	Tools for Griffin Bldg E	1,458.66
Framing & Construction T	GR	6/3/2019	equipment/tools	1,884.72
Framing & Construction T	GR	6/6/2019	rodenthouse cordless screw gun	1,038.00
Framing & Construction T	GR	6/6/2019	tools/equipment	428.01
Framing & Construction T	GR	6/14/2019	Equipment	1,695.00

Framing & Construction T	GR	6/14/2019	tools panel shop	364.54
Framing & Construction T	GR	6/14/2019	cordless framing nailer, hitach amp compant, hour battery	399.99
Framing & Construction T	GR	6/17/2019	tools	1,221.24
Framing & Construction T	GR	7/1/2019	Took Credit for Duplicated Invoice Entry	-1,991.35
Framing & Construction T	GR	8/1/2019	Simer Smart Geyser Automatic 1/4HP Utility Pump	160.47
Framing & Construction T	GR	8/1/2019	Hitach 10" Sliding dual compound miter saw	534.20
Framing & Construction T	GR	8/1/2019	2x Senco 7/16" construction stapler 1"-2"	533.54
Framing & Construction T	GR	8/1/2019	Dewalt 20v Brushless 7-1/4" circular saw w/ brake kit	299.00
Framing & Construction T	GR	8/1/2019	Scaffold/Ladders for safety problems at Cedar Springs	1,986.20
Framing & Construction T	GR	8/1/2019	Makita 2.5HP Twin Stack Air Compressor, Hitach Cordless Framing Nailer with 18V 3.0 AMP Compact Hour Battery	714.02
Framing & Construction T	GR	8/1/2019	1/4 x 100' hose w/ industrial interchange coupling & plug x 4	292.28
Framing & Construction T	GR	8/1/2019	3x Self Leveling 3 Point Laser	465.00
Framing & Construction T	GR	8/1/2019	Rubber Air Hose, Pneumatic Framing Nailer, 12a Var Speed Sawzall, PAS Orange fuel Cell w/ Adapter, Circular Saw Honda 6000 watt 1.0HP UTV generator, 4x Paslode F350S Power Master Plus Framer, Paslode PF250S-PP Positive Placement Nailer, Paslode Pneumatic Framing Nailer, Milwau Super Sawzall Ricip Saw Kit w/ Quik-lok; Milwau Rotary Hammer Kit; Rolair Gas Air Compressor w/ 9-gal tank; Dewalt Rotary Hammer Drill Brushless; Milwau Magnum Drill w/ Keyed Chuck; Milwau Circular Saw Tilt-lok handle; 4x Dewalt Lightweight Circular Saw, 50.16civ dlat light wire sure shot stapler double magazine; Stabila plate level w/ stand offs, Jamber set model 196 non magnetic stabila; Makita planer, Ramset Cobra Semi-Automatic 27cal strip loads; Milwau JobSite Radio and Charger, Small tools & Equipment	761.77
Framing & Construction T	GR	8/1/2019	1/2 CU YD HD Tilt Truck 850# Capacity; Milwau 1/2" Super Hawg 2-Speed	9,584.62
Framing & Construction T	GR	8/1/2019	50.16civ dlat light wire sure shot stapler double magazine	968.95
Framing & Construction T	GR	8/1/2019	50.16civ dlat light wire sure shot stapler double magazine	390.38
Framing & Construction T	GR	8/1/2019	50.16civ dlat light wire sure shot stapler double magazine	390.38
Framing & Construction T	GR	8/1/2019	22' Multi-position ladder	159.00
Framing & Construction T	GR	8/1/2019	50.16civ dlat light wire sure shot stapler double magazine	390.38
Framing & Construction T	GR	8/1/2019	12 lb. Sledge Hammer 36" Hickory Paslode F350s Power Master Plus Framer, Milwau 15Amp Super Sawzall Recip Saw Kit w/ Quik-lok, 1" x 48" Claw/chisel stripping bar	792.35
Framing & Construction T	GR	8/5/2019	Paslod CF325XP 7.4V 3-1/4" Cordless Framing Nailer	344.99

Framing & Construction T	GR	8/8/2019	Dewalt 60V Flexvolt Circular Saw Kit w/2 Battery, Paslode CF325XP 7.4V 3-1/4" Cordless Framing Nailer - 2	725.94
Framing & Construction T	GR	8/8/2019	Dewalt 20V Bushless Hammer Drill & Impact Kit w/2 5.0AH	399.00
Framing & Construction T	GR	8/8/2019	Milwaukee 10-1/4" Circular Saw w/ Case	389.00
Framing & Construction T	GR	8/9/2019	Milwaukee 15AMP Super Sawzall Recip Saw Kit w/ Quick-lok, Ramset Cobra Semi-Automatic 27Cal Strip Loads 2 1/2" Cap., Dewalt 7-1/4" Lightweight Circular Saw	595.50
Framing & Construction T	GR	8/12/2019	Rebel Self Retract Lifeline 11' 3/16" Galv Steel Wire Rope, DBI SRL, 20' 3/16" Galvanized Cabel, Guard 6'	9,834.66
Framing & Construction T	GR	8/13/2019	Single Leg Internal Shock Lanyard w/ snap hk	846.00
Framing & Construction T	GR	8/14/2019	11200x, Guard Velocity S-L Hameww PT Chest, TB Legs, 1 D-Ring, Dewalt 7-1/4" Lightweight - 2	299.00
Framing & Construction T	GR	8/14/2019	3x Milwaukee M18 Gen III Fuel 1/4" Impact driver kit	79.00
Framing & Construction T	GR	8/15/2019	Milwaukee M18 4-1/2"-5" Grinder Paddle Switch	434.24
Framing & Construction T	GR	8/16/2019	Milwaukee 15amp super sawzall recip saw kit w/ quick-lok, Joist pro JP150 1-1/2 metal connector nai	929.00
Framing & Construction T	GR	8/19/2019	1/2 CU YD HD Tilt Truck 1400# capacity	780.76
Framing & Construction T	GR	8/20/2019	2 x Dewalt 60V Flexvolt Circular Saw Kit w/2 Battery	693.88
Framing & Construction T	GR	8/20/2019	Dewalt 60V Max Flexvolt Recip Saw 2 Battery Kit	379.00
Framing & Construction T	GR	8/21/2019	Dewalt 20V max xr brushless 1/4" 3-speed Impact driver kit	299.00
Framing & Construction T	GR	8/27/2019	2x Guardian Roofer Kit w/ reuseable anchor, harness, 50' lifeline	219.98
Framing & Construction T	GR	8/28/2019	Rolair 9HP 2CYL Honda 9gal Air Compressor w/ Frtg	1,629.00
Framing & Construction T	GR	8/29/2019	Dewalt 20V Bushless Hammer Drill & Impact Kit w/2 5.0AH	299.00
Framing & Construction T	GR	8/29/2019	Dewalt 60V Flexvolt Circular Saw Kit w/2 Battery	379.00
Framing & Construction T	GR	8/30/2019	4x Rodenhouse Cordless Screw Gun	2,076.00
Framing & Construction T	GR	9/1/2019	(4) Paslode Cordless Framing Nailer, Joist Pro JP150 1-1/2 Metal Connector Nailer, (2) Makita 7-1/4" Circular Saw, (2) Makita 15amp AVT Recip Saw, (2) Dewalt Circular Saw	2,900.76
Framing & Construction T	GR	9/1/2019	(2) Dewalt Lightweight Circular Saw, (2) Milwaukee 13amp Super Sawzall Recip Saw, (2) Hitachi Plastic Collated Round Head Framing Nailer	1,366.62
Framing & Construction T	GR	9/1/2019	Light wire sure shot stapler double magazine	390.38
Framing & Construction T	GR	9/1/2019	Dewalt 12" Compound Miter Saw	339.00
Framing & Construction T	GR	9/3/2019	Framing & Construction Tools	848.99
Framing & Construction T	GR	9/3/2019	Hitachi 7/16" Standard Crown Stapler, Paslode PF250S-PP Positive Placement 1.5"-2.5" Nailer	668.88
Framing & Construction T	GR	9/3/2019	Makita 8.8AMP 4"x24" Variable Speed Belt Sander	264.11

Safety Equipment	GR	7/25/2019	safety equipment guardi 30' halo leading edge	7,309.81
Safety Equipment	GR	7/29/2019	retractable lifeline, guardi HUV-TB harness w/1'1'	637.00
Safety Equipment	GR	8/1/2019	velocity harness	1,637.92
Safety Equipment	GR	8/5/2019	Floor Joist Safety Anchors- 8	1,730.97
			Safety Equipment	
			Rebel Self Retract Lifeline 1'1' 3/16" Galv	
			Steel Wire Rope, DBI SRL, 20' 3/16"	
			Galvanized Cabel, Cuardi Velocity S-L	
Safety Equipment	GR	8/7/2019	Harness PT Chest, TB Legs, 1 D-Ring - 2	2,159.00
Safety Equipment	GR	10/31/2019	Josh Reid- Hard hats and safety vests	123.64
TOTAL				\$1,494,268.74

Fill in this information to identify the case:Debtor name **Inphastos @ Grand Rapids. LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **20-01897**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Ally Financial Creditor's Name Po Box 8118 Cockeysville, MD 21030 Creditor's mailing address Creditor's email address, if known Date debt was incurred 08/19/19 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2019 Ford F250 Pickup Name on Title: Inphastos Grand Rapids, LLC VIN #: 1FT7W2BT9KED46487 Insured thorough Progressive Insurance through 07/24/20 Describe the lien Auto Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$60,000.00	\$50,000.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$60,000.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Inphastos @ Grand Rapids. LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **20-01897**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Abilio M Velasquez 2016 Saint Charles Ave SW Grand Rapids, MI 49507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,377.78	\$0.00
	Date or dates debt was incurred 1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Anthony R Shepard 5726 Van Buren Street Hudsonville, MI 49426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,161.13	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.3	Priority creditor's name and mailing address Arael Perez 911 Burton Street SW Wyoming, MI 49509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,524.41	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Benjamin D Padgett 7675 Bouman Drive Middleville, MI 49333	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,973.44	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Blake Brott 2765 VanBuren Street Hudsonville, MI 49426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,782.00	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Calvin S Allen 536 Andover Street Grand Rapids, MI 49548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,844.46	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.7	Priority creditor's name and mailing address Carlos Perez Lopez 1441 Lafayette Ave SW Grand Rapids, MI 49507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,340.94	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Charles O Oshodi 870 Sluyter Grand Rapids, MI 49508	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,864.46	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Christopher T Heiss 242 Pear Street Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,630.55	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Cody L Fernandez 7283 Steed Street SE Caledonia, MI 49316	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,826.50	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address Coel Lewis 1321 Mary Drive Wayland, MI 49348	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,680.34 \$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll	
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.12	Priority creditor's name and mailing address Cristobal Rico Rodriguez 2122 Globe St. NE Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,068.41 \$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll	
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.13	Priority creditor's name and mailing address Daniel Guarino 22358 Eastwood Ave Warren, MI 48089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$940.88 \$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll	
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.14	Priority creditor's name and mailing address David E Romero 1607 Saint Anne Street Detroit, MI 48216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$702.00 \$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll	
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.15	Priority creditor's name and mailing address David Sollars 801 Lowell Jackson, MI 49202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,461.60	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Douglas Blauwkamp 7855 Polk St Hudsonville, MI 49426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$179.80	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Edgar Barreiro	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,239.93	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Eduardo Tovar-Ortiz	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,125.00	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.19	Priority creditor's name and mailing address Eduardo Valdez 101 S Front Street Apt 219 Belding, MI 48809	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,278.00	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Erik Velasquez 523 Butternut Dr. Lot 252 Holland, MI 49424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,785.00	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Felix Huesca Sosa 722 Vries Street Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,658.18	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Fermin Perez-Lopez 617 Liberty Ave SW Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,777.10	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address Filberto R Santos 2730 Wyoming Ave SW Wyoming, MI 49519	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,792.73	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Gerald D Deuel 64661 Winding Woods Drive Lawton, MI 49065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,619.40	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Germale A Hill 669 Burlingame Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$838.14	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Gustavo Calderon-Pacas 611 Stolpe Street SW Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,346.21	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27	Priority creditor's name and mailing address Harry Kuester 385 124th Ave Shelbyville, MI 49344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$797.05	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	Priority creditor's name and mailing address IRS PO Box 802501 Cincinnati, OH 45280	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$654.54	\$654.54
Date or dates debt was incurred 2020		Basis for the claim: Employee Income Taxes Owed		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Jacob C Hays 16 Lafayette Ave SE Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,859.47	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address James Atchison 106 Ford Rd. Albion, MI 49224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,819.28	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.31	Priority creditor's name and mailing address Jesus Corona Sosa 3501 Jefferson Street Grand Rapids, MI 49548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,668.39	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Jomarr A Pye 15430 Rosemary Oak Park, MI 48237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$935.00	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Jose Julian Ortiz Nunez 11792 Barkton Drive Holland, MI 49424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,381.29	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Jose O Juchuna C 911 Burton St SW Wyoming, MI 49509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,236.53	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.35	Priority creditor's name and mailing address Josef G Riedl 2232 Kenowa SW Grand Rapids, MI 49534	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,659.00	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Joshua J Reid 1625 E 13 Mile Road Madison Heights, MI 48071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,320.55	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Justin Lyon 11758 Andrew's Ave Allendale, MI 49401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,347.85	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Kaine P Lambert 5065 E Center Road Hastings, MI 49058	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$679.70	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address Leonardo Perez Lopez 1040 Caulfield SW Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,731.26	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Lino Wences 127 E. 16th Street Holland, MI 49424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,969.98	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Mardon M Cuellar Martinez 477 Coate Ct SW Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,801.06	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Marty D Arntz 1341 Truman St Casnovia, MI 49318	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,557.95	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address Marvin A Perez Lopez 643 Crofton St. SW Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,573.13	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Mauricio A Villarreal-Garcia 3504 Fairwood Ct SW Grandville, MI 49418	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,566.10	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Michael C Steward 19751 Mark Twain Detroit, MI 48235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,374.34	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Michael J Guarino 22358 Eastwood Ave Warren, MI 48089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$973.59	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Michael T Rios 13735 Carmella Lane Holland, MI 49424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,125.75	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	Priority creditor's name and mailing address Michigan Department of Treasury PO Box 30199 Lansing, MI 48909	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	Priority creditor's name and mailing address Michigan Department of Labor 2407 N. Grand River Lansing, MI 48906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Various Wage Claims filed with the Department of Labor. For notice Purposes.		
	Last 4 digits of account number Multiple Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	Priority creditor's name and mailing address Miguel A Mendez 1053 Sheridan Ave Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,830.35	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.51	Priority creditor's name and mailing address Najee E Chandler 18410 Sumer Redford, MI 48240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,329.96	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.52	Priority creditor's name and mailing address Nicholas W Seiter 5109 Village Drive SW Wyoming, MI 49509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,930.08	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.53	Priority creditor's name and mailing address Paul J Moore 12775 Elton Street Gowen, MI 49326	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,023.20	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.54	Priority creditor's name and mailing address Peter J Bialk 15941 Fairfield St. Detroit, MI 48238	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,625.89	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number n/a Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.55	Priority creditor's name and mailing address Rene Rios 748 Pine Bay Ave. Holland, MI 49424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,846.40	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address Rene Rodriguez 2497 Brookdale Holland, MI 49424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,158.98	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address Richard L Smith 11520 Old Hwy 99 Montague, MI 49437	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,633.87	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address Roberto P Gallegos 322 Terminal Drive SW Wyoming, MI 49509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,664.64	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.59	Priority creditor's name and mailing address Ross C Forrest 7858 E Deckerville Road Deford, MI 48729	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,212.83	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address Ryan A Grammer 111 Sunnyview Dr SW Grandville, MI 49418	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,587.41	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address Sergio C Becerra 611 Stolpe Street SW Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,843.62	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address Terry E Larkin 17800 Mitchell Hamtramck, MI 48212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,150.00	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.63	Priority creditor's name and mailing address Thomas A Mull 1817 Restoration Dr. S.W. Byron Center, MI 49315	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,763.16	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address Timothy B Sherwood 11604 Sayles Rd Lowell, MI 49331	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,028.40	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address Toribio Perez 1441 Lafayette Ave SW Grand Rapids, MI 49507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,984.98	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address Tyler Reading	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$889.25	\$0.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Payroll		
Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.67	Priority creditor's name and mailing address Unemployment Insurance Agency 3024 W Grand Blvd Suite 11-500 Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,210.87	\$4,210.87
	Date or dates debt was incurred 2020	Basis for the claim: State Unemployment Insurance Owed		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.68	Priority creditor's name and mailing address Walter L Copeland 20929 Stahelin Southfield, MI 48075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$520.00	\$0.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Payroll		
	Last 4 digits of account number <u>n/a</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 4 Front Credit Union P.O. Box 795 Traverse City, MI 49685-0795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Interpleader Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.2	Nonpriority creditor's name and mailing address 4Ward Consulting Group LLC 26910 92nd Ave NW C-5 #452 Stanwood, WA 98292-5438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,412.11
3.3	Nonpriority creditor's name and mailing address All State Crane & Rigging 500 E 8th Street Holland, MI 49423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,639.56

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3.4	Nonpriority creditor's name and mailing address Ally Bank Processing Center Po Box 9001951 Louisville, KY 40290-1951 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,146.22
3.5	Nonpriority creditor's name and mailing address Ally Logistics LLC Po Box 14027 Cincinnati, OH 45250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,635.00
3.6	Nonpriority creditor's name and mailing address Alta Construction Equipment 25538 Network Place Chicago, IL 60673-1255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,218.06
3.7	Nonpriority creditor's name and mailing address Amerhart 5763 Bates Road Williamsburg, MI 49690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,990.51
3.8	Nonpriority creditor's name and mailing address Ameritas Po Box 81889 Lincoln, NE 68501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,022.95
3.9	Nonpriority creditor's name and mailing address Applied Imaging 900 Garfield Woods Dr Traverse City, MI 49686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.24
3.10	Nonpriority creditor's name and mailing address Arista Truck Systems Inc 5125 Clay Ave SW Grand Rapids, MI 49548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$883.74

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3.11	Nonpriority creditor's name and mailing address Arrowaste Inc Po Box Jenison, MI 49429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,079.17
3.12	Nonpriority creditor's name and mailing address Ashley G 9810 S. Dorchester Ave Chicago, IL 60628 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106,677.35
3.13	Nonpriority creditor's name and mailing address AT&T Po Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,653.20
3.14	Nonpriority creditor's name and mailing address Attitude & Experience, Inc. 1230 M-37 South Traverse City, MI 49685 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$942.50
3.15	Nonpriority creditor's name and mailing address Baymont Inn & Suites 32800 Stephenson Hwy Madison Heights, MI 48071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,439.15
3.16	Nonpriority creditor's name and mailing address Beacon Hill Management 2617 Beacon Hill Drive Auburn Hills, MI 48326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,529.60
3.17	Nonpriority creditor's name and mailing address Best One Fleet Service- Hollan 893 Interchange Dr Holland, MI 49423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,289.19

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3.18	Nonpriority creditor's name and mailing address Bloomfield Townhomes 1695 Bloomfield Dr Grand Rapids, MI 49508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.19	Nonpriority creditor's name and mailing address Builders First Source ProBuild Po Box 74008835 Chicago, IL 60647-8835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,458.17
3.20	Nonpriority creditor's name and mailing address Chemical Bank PO Box 100 Bay City, MI 48707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit Case No. 19-05200</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.21	Nonpriority creditor's name and mailing address Cincinnati Insurance Company Po Box 145620 Cincinnati, OH 45250-5620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,302.65
3.22	Nonpriority creditor's name and mailing address Cintas Po Box 630910 Cincinnati, OH 45263-0910 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,835.52
3.23	Nonpriority creditor's name and mailing address Cloverdale Equipment 13133 Cloverdale Oak Park, MI 48237-3272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,763.85
3.24	Nonpriority creditor's name and mailing address Comcast Po Box 70219 Philadelphia, PA 19176-0291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$692.59

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3.25	Nonpriority creditor's name and mailing address Connelly Crane Rental Corp. 12635 Marion Redford, MI 48239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,666.78
3.26	Nonpriority creditor's name and mailing address Construction Saftey Advisors 3765 Broadmoor Ave SE Suite G Grand Rapids, MI 49512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,560.00
3.27	Nonpriority creditor's name and mailing address Consumers Energy Payment Center Po Box 740309 Cincinnati, OH 45274-0309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,162.30
3.28	Nonpriority creditor's name and mailing address Crystal Flash Inc Po Box 1804 Grand Rapids, MI 49501-1804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,711.96
3.29	Nonpriority creditor's name and mailing address DDW Services, LLC 5059 Mountain Ridge Ada, MI 49301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,400.87
3.30	Nonpriority creditor's name and mailing address Dimension Graphics 800 Burton St SE Grand Rapids, MI 49507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.06
3.31	Nonpriority creditor's name and mailing address Discount Door, LLC 4780 West River Drive NE Comstock Park, MI 49321 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$381.20

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3.32	Nonpriority creditor's name and mailing address DJ Products Inc 1009 4th St NW Little Falls, MN 56345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,151.45
3.33	Nonpriority creditor's name and mailing address DTE Energy Po Box 740786 Cincinnati, OH 45274-0786 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$962.34
3.34	Nonpriority creditor's name and mailing address Dykema 400 Renaissance Center Detroit, MI 48243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.60
3.35	Nonpriority creditor's name and mailing address Ebling & Son, Inc. 4484 Roger B Chaffee SE Grand Rapids, MI 49548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,515.57
3.36	Nonpriority creditor's name and mailing address Enviro-Master Services Po Box 12350 Charlotte, NC 28220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$391.10
3.37	Nonpriority creditor's name and mailing address Express Equipment Inc 1883 M-40 Holland, MI 49423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,125.00
3.38	Nonpriority creditor's name and mailing address Fasteners Inc 29276 Network Place Chicago, IL 60673-1292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,118.24

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3.39	Nonpriority creditor's name and mailing address Fine Line Transport & Rigging 13030 Ransom Street Holland, MI 49424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,900.00
3.40	Nonpriority creditor's name and mailing address Ford Credit PO Box 220564 Pittsburgh, PA 15257-2564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,260.74
3.41	Nonpriority creditor's name and mailing address Foundation Building Materials 6872 Paysphere Circle Chicago, IL 60674-6872 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,823.70
3.42	Nonpriority creditor's name and mailing address Grand Equipment 3310 Hudson Trail Hudsonville, MI 49426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,276.04
3.43	Nonpriority creditor's name and mailing address Grand Traverse Crane Corp. 11340 54th Avenue Allendale, MI 49401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,194.96
3.44	Nonpriority creditor's name and mailing address Herman's Mobile Service, LLC 2875 S. Maple Valley Road Suttons Bay, MI 49682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.45	Nonpriority creditor's name and mailing address Honor Building Supply, Inc. 10635 Main St Honor, MI 49640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$793.68

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3.46	Nonpriority creditor's name and mailing address Huntington Bank Commercial Loan Servicing 2361 Morse Rd Columbus, OH 43229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Interpleader Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.47	Nonpriority creditor's name and mailing address Innovative Panel Solutions, LL 6778 E. Traverse Hwy Traverse City, MI 49684 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232,059.39
3.48	Nonpriority creditor's name and mailing address Inphastos Inc 1652 Keane Drive Traverse City, MI 49696 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$479.13
3.49	Nonpriority creditor's name and mailing address Inphastos Technology 1652 Keane Drive Traverse City, MI 49696 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178,090.33
3.50	Nonpriority creditor's name and mailing address Integrity Business Solutions 1302 Industry Drive Suite B Traverse City, MI 49696 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$347.55
3.51	Nonpriority creditor's name and mailing address Kingsley Lumber & Hardware Po Box 278 Kingsley, MI 49649 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,573,125.12
3.52	Nonpriority creditor's name and mailing address Linc Systems 16540 Southpark Drive Westfield, IN 46074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$584.30

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3.53	Nonpriority creditor's name and mailing address Lynch Law 804 South Garfield Ave Ste A Traverse City, MI 49686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
3.54	Nonpriority creditor's name and mailing address M&T Bank PO Box 64679 Baltimore, MD 21264-4679 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,193.52
3.55	Nonpriority creditor's name and mailing address MacAllister Rentals 4195 Meadow Lane Drive Traverse City, MI 49685 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,738.25
3.56	Nonpriority creditor's name and mailing address Manitowoc Finance Po Box 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,251.89
3.57	Nonpriority creditor's name and mailing address MasterGraphics 303 W 45th Ave Denver, CO 80216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,272.50
3.58	Nonpriority creditor's name and mailing address McDonald Modular Solutions 54500 Pontiac Trail Milford, MI 48381 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727.26
3.59	Nonpriority creditor's name and mailing address MedExpress Urgent Care Po Box 13706 Belfast, ME 04915-4028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00

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3.60	Nonpriority creditor's name and mailing address Michigan Cat Dept # 77576 Po Box 77000 Detroit, MI 48277-0576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,905.00
3.61	Nonpriority creditor's name and mailing address Miller Welding Supply Co 505 Grandville SW Grand Rapids, MI 49503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,700.04
3.62	Nonpriority creditor's name and mailing address MiTek USA, Inc. 4399 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,890.86
3.63	Nonpriority creditor's name and mailing address Monsma Marketing Corporation 2450 Buchanan Avenue SW Grand Rapids, MI 49548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.40
3.64	Nonpriority creditor's name and mailing address Monsma Marketing Corporation Po Box 238 Grand Rapids, MI 49501-2380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.40
3.65	Nonpriority creditor's name and mailing address MPI Concepts 6548 Center Industrial Drive Jenison, MI 49428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$955.00
3.66	Nonpriority creditor's name and mailing address Nichole Kuiphof 15033 Tisdell Ave Cedar Springs, MI 49319 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00

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3.67	Nonpriority creditor's name and mailing address Oxford Place Apartments 2143 43rd Street SE Grand Rapids, MI 49508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,269.00
3.68	Nonpriority creditor's name and mailing address RH Marlin Inc. 2202 W Thompson Road Indianapolis, IN 46217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,665.00
3.69	Nonpriority creditor's name and mailing address Rowe Transport, Inc. 6207 S Harding Street Indianapolis, IN 46217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00
3.70	Nonpriority creditor's name and mailing address Sawyer Engine & Compressor 4090 Chicago Drive Hudsonville, MI 49426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,091.07
3.71	Nonpriority creditor's name and mailing address Shoreline Power Services, Inc 6724 East Railway Commons Williamsburg, MI 49690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,652.07
3.72	Nonpriority creditor's name and mailing address Spida USA 1 Clark Road Shelbyville, IN 46176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,297.89
3.73	Nonpriority creditor's name and mailing address Standale Lumber 2971 Franklin SW Grandville, MI 49418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222,809.76

Debtor **Inphastos @ Grand Rapids. LLC**
NameCase number (if known) **20-01897**

3.74	Nonpriority creditor's name and mailing address Standale Lumber 5151 N US 10-31 Ludington, MI 49431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,081.59
3.75	Nonpriority creditor's name and mailing address Strong Office Furniture 128 Coldbrook NE Grand Rapids, MI 49503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,266.00
3.76	Nonpriority creditor's name and mailing address Suburban Propane Po Box 290 Whippany, NJ 07981-0290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,776.18
3.77	Nonpriority creditor's name and mailing address Superior Welding & Manufacturi Po Box 145 Hermansville, MI 49847 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,176.00
3.78	Nonpriority creditor's name and mailing address Team Financial Group 650 Three Mile Road Suite 200 Grand Rapids, MI 49544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,787.50
3.79	Nonpriority creditor's name and mailing address The Crane Guy, LLC 9575 Bluff Lake St Zeeland, MI 49464 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,040.00
3.80	Nonpriority creditor's name and mailing address The Montgomery Code, LLC Po Box 68283 Grand Rapids, MI 49516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,020.50

Debtor **Inphastos @ Grand Rapids. LLC**
NameCase number (if known) **20-01897**

3.81	Nonpriority creditor's name and mailing address Total Quality Logistics Po Box 634558 Cincinnati, OH 45263-4558 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,850.00
3.82	Nonpriority creditor's name and mailing address Transport Repair Service 541 Burton SW Grand Rapids, MI 49507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,286.25
3.83	Nonpriority creditor's name and mailing address Weekes Forest Products Inc 5528 Rusche Drive NW Comstock Park, MI 49321 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,914.48
3.84	Nonpriority creditor's name and mailing address Wells Fargo Dealer Services Po Box 17900 Denver, CO 80217-0900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,272.28
3.85	Nonpriority creditor's name and mailing address Wood-Cutters Tooling, Inc 4685 Spartan Industrial Dr SW Grandville, MI 49418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.80
3.86	Nonpriority creditor's name and mailing address Zeeland Truss & Componets 5836 Clay Ave SW Grand Rapids, MI 49548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,899.38

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	17th Circuit Court 180 Ottawa Avenue NW Case No. 19-052000 Grand Rapids, MI 49503	Line 3.20 <input type="checkbox"/> Not listed. Explain ____	—

Debtor **Inphastos @ Grand Rapids. LLC**

Name

Case number (if known) **20-01897**

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.2	Dickinson Wright, PLLC 215 S. Washington Sq Suite 200 Lansing, MI 48933	Line 3.1 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Escamilla & Salisbury, PLLC PO Box 190 Portage, MI 49081	Line 3.20 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Lisa A. Hall 333 Bridge St NW Suite 530 Grand Rapids, MI 49504	Line 3.46 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Michigan Attorney General P.O. Box 30212 Lansing, MI 48909	Line 2.48 <input type="checkbox"/> Not listed. Explain _____	—
4.6	US Attorney's Office 333 Ionia NW Grand Rapids, MI 49503	Line 2.28 <input type="checkbox"/> Not listed. Explain _____	—
4.7	Walter Copeland 15941 Fairfield Detroit, MI 48238	Line 2.68 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1****5b. Total claims from Part 2****5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 151,084.09
5b. +	\$ 6,298,802.61
5c.	\$ 6,449,886.70

Fill in this information to identify the case:Debtor name Inphastos @ Grand Rapids. LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 20-01897☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:Debtor name Inphastos @ Grand Rapids. LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 20-01897☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Inphastos @ Grand Rapids. LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 20-01897☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2020 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business☐ Other _____

Gross revenue
(before deductions and exclusions)

Unknown

For prior year:

From 1/01/2019 to 12/31/2019

☒ Operating a business☐ Other _____\$775,000.81**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue**

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value**

Reasons for payment or transfer
Check all that apply

Debtor **Inphastos @ Grand Rapids. LLC**Case number (if known) **20-01897****4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Ford Motor Credit Po Box 105704 Atlanta, GA 30348	2019 Ford F350 Pickup (VIN # XXXX2264)	April 2020	Unknown

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Chemical Bank v. Inphastos @ Grand Rapids, LLC, et al 19-05200-CBB	Civil	17th Circuit Court 180 Ottawa Avenue NW Grand Rapids, MI 49503	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Debtor Inphastos @ Grand Rapids. LLCCase number (if known) 20-01897**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
To the best of the Debtor's knowledge, the assets that were stolen or lost are attached as Exhibit E; however, Debtor has been unable to enter some of its location and therefore there may be additional assets that were either lost or stolen. Debtor estimates the value of the lost or stolen assets at approximately \$450,000.	\$0.00	12/2019-3/2020	\$450,000.00

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Chase Bylenga Hulst, PLLC. 25 Division Avenue S. Suite 500 Grand Rapids, MI 49503	Attorney Fees: \$5,500.00 Filing Fee: \$335.00	5/18/2020	\$5,835.00
Email or website address nikki@chasebylenga.com			
Who made the payment, if not debtor?			
11.2. Chase Bylenga Hulst, PLLC. 25 Division Avenue S. Suite 500 Grand Rapids, MI 49503	Attorney Fees Related to Winding Down Inphastos Entities: \$35,000.00	02/25/20	\$35,000.00
Email or website address nikki@chasebylenga.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor **Inphastos @ Grand Rapids. LLC**Case number (if known) **20-01897**☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 . Ordinary Buyers	Debtor sold various construction tools, equipment, and inventory in January 2020 to try and raise funds to pay creditors. Assets were listed for sale on Craigslist.	January 2020	\$22,000.00
Relationship to debtor None			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 3129 Chicago Drive SW Grandville, MI 49418	May 2019-July 2019

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?

Debtor **Inphastos @ Grand Rapids. LLC**Case number (if known) **20-01897****Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Huntington Bank Po Box 1558 EA1W37 Columbus, OH 43216-1558	XXXX-5057	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	2/19/2020 Negative Balance -\$254.65	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **Inphastos @ Grand Rapids. LLC**Case number (if known) **20-01897**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Leiter Investments 4242 Mitchell Creek Dr Suite G2 Traverse City, MI 49686	2019-2020
26a.2. Oracle America, Inc. AKA Net Suite 15612 Collectins Center Dr. Chicago, IL 60693	2019-2020

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Leiter Investments 4242 Mitchell Creek Drive Unit G2 Traverse City, MI 49686	2019-2020

Debtor **Inphastos @ Grand Rapids. LLC**Case number (if known) **20-01897**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Regan J. Duffy, Esquire Duffy & Robertson, PC 1111 West Long Lake Rd, Suite 202 Troy, MI 48098	
26c.2. Leiter Investments 4242 Mitchell Creek Drive Unit G2 Traverse City, MI 49686	
26c.3. Chase Bylenga Hulst, PLLC 25 Division Ave S, Suite 500 Grand Rapids, MI 49503	
26c.4. Inphastos, Inc. 1652 Keane Dr. Traverse City, MI 49696	
26c.5. Oracle America, Inc. AKA Net Suite 15612 Collectins Center Dr. Chicago, IL 60693	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 Blake Brott and Lucas Bennett		Mr. Brott and Mr. Bennett toured various Inphastos locations and job sites and inventoried the nature and extent of the assets found at each location. However, they did not assign values to the assets.
Name and address of the person who has possession of inventory records Inphastos @ Grand Rapids, LLC 1652 Keane Drive Traverse City, MI 49696	01/20/2020	

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor Inphastos @ Grand Rapids. LLCCase number (if known) 20-01897

Name	Address	Position and nature of any interest	% of interest, if any
Inphastos Inc	1652 Keane Dr. Traverse City, MI 49696	Sole Member	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Inphastos, Inc.	EIN: 83-0997196

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 26, 2020

/s/ Brian Cloud

Signature of individual signing on behalf of the debtor

Brian Cloud

Printed name

Position or relationship to debtor CEO/Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

<u>Description</u>	<u>Lien Holder</u>	<u>VIN / SERIAL</u>
<u>Vehicles:</u>		
2016 GMC Sierra PU	Ally Financial	1GT12TE87GF127043
2005 Chevy PU	4 Front CU	1GCEC14V35E109331
2007 Ford F150 PU	4 Front CU	1FTRX12W07FB02481
2006 Chevy Express Van	4 Front CU	1GCGG25V161115980
2005 Chevy Express Van	4 Front CU	1GCGG25V651125693
2008 Chevy Silverado PU	4 Front CU	1GCEC14X68Z128776
2007 Chevy PU	4 Front CU	1GCEK19J97Z540180
2005 GMC Sierra PU	4 Front CU	1GTHK23U55F886005
2006 Chevy Silverado PU	4 Front CU	1GCEC14X46Z228520
2008 GMC Sierra PU	4 Front CU	1GTEC14X58Z237083
2001 Chevy Silverado PU	4 Front CU	8587
2014 Chevy Silverado PU	Wells Fargo	3GCUKREC9EG254330
2019 Chevy Express Van	Ally Financial	1GCWGAFG7K1247125
2010 Int'nl Tractor	4 Front CU	
<u>Trailers & Machinery</u>		
1997 XL Specialize Trailer	4 Front CU	4U3B04820VL071250
1997 Timber Wolf Trailer	4 Front CU	1514
2017 Trailer Sale Trailer	4 Front CU	982
2017 Cargo Express Trailer	4 Front CU	3908
2017 Cargo Express Trailer	4 Front CU	4600
2017 Haulmark Trailer	4 Front CU	8461
2005 Transcraft Trailer	4 Front CU	5575
2006 Transcraft Trailer	4 Front CU	9518
2005 Transcraft Trailer	4 Front CU	7335
2012 Bobcat T650	4 Front CU	A3P014881
1996 Skytrack 6036	4 Front CU	2402
2006 Genie S-60	4 Front CU	S6006-14021
2006 Genie GTH-636 Telehandler	4 Front CU	GTH606A-8759
2006 Skytrack 6042	4 Front CU	160018753
2006 Skytrack 10054	4 Front CU	160017171
2008 Skytrack 10054	4 Front CU	160035597
2008 Skytrack 10054	4 Front CU	160037252
2004 Genie S-60 Boom F/A 1156	4 Front CU	S6004-9700
2005 Genie S-85 Boom F/A 120188	4 Front CU	S8005-4153
2001 Skytrack 10053	4 Front CU	14531
2002 Skytrack 10054	4 Front CU	17408
2007 Skytrack 6042	4 Front CU	160030684
1999 Skytrack 10042	4 Front CU	9580
2008 JLG C10-544 Telehandler	4 Front CU	160037498
2008 Skytrack 10054	4 Front CU	160035888
1998 Zoom Boom 6044	4 Front CU	B6044105896
Zoom Boom 6037	4 Front CU	B603707469E
1995 Skytrack Yellow 6036	4 Front CU	P4179U857
2000 JLG 6042	4 Front CU	0160025559
2000 JLG 6042	4 Front CU	0160004519
2004 JLG 6042	4 Front CU	0160004521

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Western District of Michigan

In re **Inphastos @ Grand Rapids. LLC**

Debtor(s)

Case No. **20-01897**Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>5,835.00</u>
Prior to the filing of this statement I have received	\$	<u>5,835.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Representation includes the ordinary and customary services performed in a Chapter 7 from retention through the 341 meeting of creditors. Services include: 1) analysis of options; 2) review of financial documents; 3) drafting the Petition, Schedules, Statement of Financial Affairs, and related documents; 4) filing all required documents with the Court; 5) providing copies of the required documents to the Trustee; and 6) appearing at one 341 meeting of creditors.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, adversary proceedings, contested matters, defense of objections, reaffirmations, mortgage modification services, negotiations, settlements, recovery of garnished funds, and United States Trustee audits.

Under the terms of the retainer agreement: 1) reaffirmations cost \$150.00; and 2) the firm retains 25% from the recovery of any garnished funds.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 26, 2020

Date

/s/ Steven M. Bylenga

Steven M. Bylenga P73492

Signature of Attorney

Chase Bylenga Hulst, PLLC.

25 Division Avenue S.

Suite 500

Grand Rapids, MI 49503

616-608-3061 Fax: 616-719-3782

nikki@chasebylenga.com

Name of law firm

08/17

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MICHIGAN**

In re:

Case No. 20-01897**Inphastos @ Grand Rapids. LLC**

Chapter 7

Debtor(s).

_____/

ASSET PROTECTION REPORT

Pursuant to Local Bankruptcy Rule 1007-2(d), debtors filing a Chapter 7 petition and debtors in a case converting to Chapter 7 must file an Asset Protection Report. List below any property referenced on **Schedule D** (Creditors Holding Secured Claims); or **Schedule G** (Executory Contracts and Unexpired Leases); and **any insurable asset in which there is nonexempt equity**. For each asset listed, provide the following information regarding property damage or casualty insurance:

INSURABLE ASSET (from schedules)	IS ASSET INSURED? (Yes/No)	NAME & ADDRESS OF AGENT OR INSURANCE CO.	POLICY EXPIRATION DATE (MM/YYYY)	WILL DEBTOR RENEW INSURANCE ON EXPIRATION? (Yes/No)
2019 Ford F250	Yes	Progressive Insurance	07/24/20	No

If the debtor is self-employed, does the debtor have general liability insurance for business activities?
Yes ☐ No ☐

I declare, under penalty of perjury, that the above information is true and accurate to the best of my knowledge. I intend to provide insurance protection for any exemptible interests in real or personal property of the estate, and I request that the trustee not expend estate funds to procure insurance coverage for my exemptible assets.

Dated: **June 26, 2020**

/s/ Brian Cloud

Brian Cloud
Debtor

Pursuant to LBR 1007-2(f), debtor is required to provide the trustee with a copy of the Declarations Page for any insurance policy covering an insurable asset at least 7 days before the date first set for the meeting of creditors.